

Results: Poor handover practice was demonstrated initially, then improved upon with the ABCD Handover model. Fifty two percent took place in an appropriate non-clinical environment (65% after re-audit, $p < 0.05$). A senior clinician was present at 23% (64.3% after re-audit, $p < 0.05$). Complete, accurate, patient information was presented at 71.4% of handovers (78.6% after re-audit). The number of admissions discussed improved from 28.2% to 87.6%, $p < 0.05$.

Conclusion: Good handover is vital in surgical practice in the EWTD era. In this study, poor initial compliance with Royal College guidelines was significantly improved through the use of a simple model, the ABCD of Handover.

0119 CORRELATION BETWEEN PROVISIONAL AND ACTUAL DIAGNOSIS IN EMERGENCY SURGICAL PATIENTS

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Introduction: Diagnostic accuracy is important in hospital to ensure patients receive appropriate investigations and treatment. "Inaccurate diagnoses may lead to poor patient outcome, complaint or even litigation". This audit aimed to observe correlations between provisional diagnosis of different grades of doctors and discharge diagnosis.

Method: 100 retrospective acute surgical discharges were analyzed between 7/10/10 and 1/11/10 at Walsall Manor Hospital. Comparisons were carried out between all stages of diagnosis.

Results: 12% of discharge diagnoses were absent. Initial referral diagnosis was accurate in 27% of cases. 19% of cases had 100% diagnosis correlation from all review stages. 33% of patients had an operation.

Discussion: There was an increase in correlation with more senior review. A&E referral diagnosis (33%) had better correlation compared to GP referrals (31%). Diagnosis were missing at all stages of review particularly at specialist registrar level (40%) followed by consultants (29%).

Conclusion: Poor correlation with referral and discharge diagnosis is likely due to lack of experience of clerking junior doctors. This highlights the need for early senior review. Less than half of emergency surgical admissions undergo an operation. Accurate working diagnoses are important in order for appropriate care to be given by the multidisciplinary team.

0122 PATIENT PREFERENCE IN THE MANAGEMENT OF ASYMPTOMATIC CAROTID STENOSIS

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Background: Carotid stenosis accounts for approximately 20% of ischaemic strokes and can be managed using best medical therapy, carotid endarterectomy or carotid artery stenting. The management of asymptomatic carotid stenosis remains a topic of debate amongst clinicians. The aim of this study was to explore patient preference in the management of asymptomatic carotid stenosis.

Method: A patient information booklet and questionnaire was developed, validated and distributed to patients meeting specific pre-determined inclusion criteria. Treatment preferences and reasoning behind choices were analysed, and relationship to patient demographics evaluated using appropriate statistical methods.

Results: One-hundred-and-two questionnaires were analysed (94% response rate). Forty-nine subjects preferred best medical therapy (48%), 31 selected carotid endarterectomy (30%) and 22 opted for carotid artery stenting (22%). This sequence of preferences remained unaltered in subgroup analyses by age (< 70 years or ≥ 70 years) or gender. Our findings mirror the results of a recent online poll of medical professionals opinion on intervention in this patient group (NEJM 2008;358:e23).

Conclusion: Patients prefer medical therapy over intervention and endarterectomy over stenting. These findings are particularly important in the setting of divergence of opinion amongst clinicians surrounding the best management of asymptomatic carotid stenosis.

0123 HOW EXPENSIVE ARE DOCUMENTATION ERRORS IN UROLOGY? A NOVEL APPROACH TO CLINICAL CODING AUDIT

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Introduction: Clinical coding is an error-prone process by which clinical work is translated into revenue. Urology typically performs poorly, presumably because of multiple attendances and large caseloads. Coding audit is necessary to assess quality, but is a notes-driven process that does not take into account documentation error. The purpose of this study was to determine the impact of documentation error on coding performance in urology.

Methods: We produced consultant-affirmed prospective database of all clinical work in a standard audit timeframe. This was coded using standard texts and compared to the published coded data. Discrepancies were agreed multi-disciplinarily, and scrutinised for monetary significance and cause.

Results: Of 348 inpatient episodes, 49 (14.1%) had a mistake of any kind and 12 (3.4%) incurred financial penalty with a combined loss of £14661. HRG change was associated with documentation error ($p = 0.006$) and emergent mode of admission ($p = 0.002$). On average, documentation error was considerably more costly than coding error (£1244 per case vs £198 per case).

Conclusions: Urology is prone to coding errors, consistent with previous data. Documentation error was considerably more costly than coder-error, leading to questions of the validity of current coding audit practices, although no doubt ameliorable with effective training.

0126 COMPLICATIONS AFTER THYROIDECTOMY: A 10 YEAR EXPERIENCE IN A DISTRICT GENERAL HOSPITAL

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Aim: Patients undergoing thyroid surgery are consented for a 1% risk of permanent hypocalcaemia and voice changes. The aim of this study is to determine the incidence of complications in patients undergoing thyroid surgery in our hospital.

Methods: From January 1999 to March 2009, all patients who underwent thyroid surgery under the care of one surgeon were identified from the database and included in the study.

Results: Data were recorded on 559 patients. 35/498 patients (6.3%) with benign pathology and 20/61 (32.8%) with thyroid malignancy had post-operative complications ($p = 0.0001$). The overall incidence of permanent hoarseness and hypocalcaemia was 0.54% and 1.07% respectively.

The incidence was higher in patients over the age of 60 years (17/284 versus 38/275, $p = 0.002$) and in those having completion thyroidectomy (13/50 versus 42/509, $p = 0.004$). Multivariate logistic regression revealed only thyroid malignancy to be significantly associated with postoperative complications ($p < 0.0001$).

Conclusion: The incidence of permanent complications in thyroid surgery is low, patients with thyroid malignancy being at a higher risk. Thyroid surgery appears to be safe in the hands of a General Surgeon with a subspecialist interest.

0127 OUTCOMES OF REFERRALS FOR BILIOUS ASPIRATES AND VOMITING TO A TERTIARY NEONATAL SURGICAL UNIT

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Background: Bilious aspirates or bilious vomiting in neonates can indicate a range of serious gastrointestinal disorders requiring surgical intervention. Recognition of the gravity of the presenting symptom is vital for expedient referral to an appropriate hospital with neonatal surgical facilities. We investigated the outcomes of such referrals to a neonatal unit.

Method: Over an 18 month period there were 22 referrals with bilious vomiting or aspirates. Median gestational age was 31 weeks (26–40). Mean